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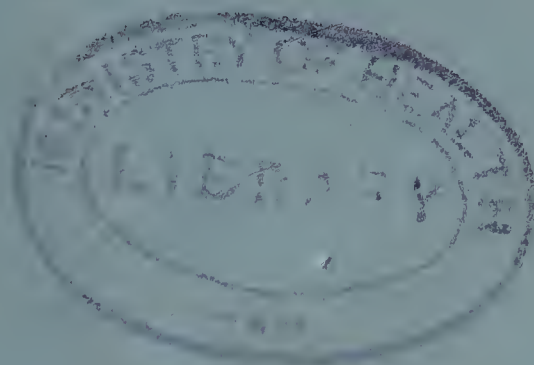
COUNTY OF LEICESTER  
EDUCATION COMMITTEE



ANNUAL  
REPORT

OF THE SCHOOL MEDICAL  
OFFICER FOR THE YEAR

1954



G. H. GIBSON, M.B., Ch.B., D.P.H.



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SCHOOL HEALTH DEPARTMENT,  
17 FRIAR LANE,  
LEICESTER.

*October, 1955.*

### COUNTY OF LEICESTER.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the work of the School Health Service in the County of Leicester for the year 1954.

Reference is made in the Report to the alteration in the system of routine medical inspections to be carried out in the future. It is hoped that this alteration may increase the efficiency of the service, in that the reduction in the number of such examinations may, in addition to making it possible to complete the programme during the year, allow more time for the ascertainment and treatment of handicapped pupils and of any cases referred by teachers. It is an essential feature of this re-organisation that the introduction of such procedures as audiometric surveys should enable the service to deal more adequately with the demands made upon it by changing circumstances.

An interesting new development is the introduction of B.C.G. Vaccination of school leavers. This work is properly the responsibility of the County Health Committee, but is carried out in the schools by the school medical officers. It entails somewhat complex administrative arrangements, which inevitably cause some dislocation of school routine, and we are most grateful to the teachers, whose interest and co-operation ensured the smooth working of the scheme.

The report is essentially the work of Dr. J. R. Byars and Mr. W. A. Thornton and I am glad of the opportunity of thanking them for their work during the year, and also the Director of Education and his staff. It is a pleasure to express my thanks to the committee for their support and for the interest they invariably show in the work under their control.

I have the honour to remain,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

G. H. GIBSON,  
*Principal School Medical Officer.*

# REPORT

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## STAFF OF THE SCHOOL MEDICAL SERVICE.

### Principal School Medical Officer:

G. H. Gibson, M.B., Ch.B., D.P.H.

### Deputy Principal School Medical Officer:

J. R. Byars, M.B., Ch.B., D.P.H.

### Senior Medical Officer:

Marjorie L. Campbell, M.B., Ch.B., B.A.O., D.P.H.

### School Medical Officers:

Joan G. H. Bennett, M.B., B.Ch., B.A.O.

Margaret O. Cruickshank, M.A., M.R.C.S., L.R.C.P.

J. W. Hall, M.D., B.Hy., D.P.H.

R. W. Kind, M.R.C.S., L.R.C.P., D.P.H.

W. D. H. McFarland, M.B., B.Ch., B.A.O., D.P.H.

### School Oculist (Regional Hospital Board):

Constance Walters, B.Sc., M.B., B.Ch.

### Children's Psychiatrist (Regional Hospital Board):

A. K. Graf, M.D. (Vienna), L.R.C.P. (E), L.R.C.S.(E), L.R.F.P. & S. (G), D.P.M.

### Principal School Dental Officer:

P. Ashton, L.D.S. (Retired 31.3.54).

W. G. Campbell, L.D.S. (Appointed 1.4.54).

### School Dental Officers:

A. E. Ward, L.D.S.

C. L. R. McLellan, L.D.S.

### Speech Therapists:

Miss S. M. Bryan, L.C.S.T. (Appointed 1.9.54).

P. D. Finnigan, L.C.S.T.

Miss K. M. Lang, L.C.S.T.

Mrs. T. D. F. Randall, L.C.S.T. (Part-time—resigned 30.8.54).

### Superintendent School Nurse (Combined duties):

Miss G. I. Carryer, S.R.N., S.C.M., H.V.Cert.

### Deputy Superintendent School Nurse (Combined duties):

Miss A. Hornsby, R.G.N., S.C.M., H.V.Cert.

### Psychiatric Social Worker:

Miss Joan F. Hatfield.

## NORTH DIVISIONAL EXECUTIVE.

### Divisional School Medical Officer:

R. C. Holderness, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

### School Dental Officers:

R. Latimer, L.D.S. (Part-time).

D. M. Lawson, L.D.S. (Part-time).



## REPORT OF THE COUNTY.

### I.—GENERAL STATISTICS.

The number of schools in the county is as follows:

				<i>County</i>	<i>Aided and Controlled</i>
Secondary	...	...	...	26	10
Primary	...	...	...	109	150
Nursery	...	...	...	1	—
Special	...	...	...	3	—
Total				139	160
Average number of children on the rolls					53,819
Average attendance					48,659

### II.—MEDICAL INSPECTION.

Last year attention was called to the increased number of children of school age, which was mainly attributable to the increased birth rate after the last war, especially in 1947. This increase is still apparent, the number of children on the rolls this year being 53,819 as compared with 52,511 in 1953. The following figures give a clear indication of the gradual increase in the school population since 1947:—

1947	...	41,776	1951	...	49,662
1948	...	45,746	1952	...	51,066
1949	...	46,943	1953	...	52,511
1950	...	48,191	1954	...	53,819

From these figures it will be seen that the average number of children on the rolls has risen from 41,776 in 1947 to 53,819 during the present year—an increase of 12,043. It will readily be realised that this additional number of children entails more work in each section of the school medical department, more children requiring examination and consequently an increase in the number of defects requiring treatment. 2,433 more children have been examined this year than in 1953. Owing to the large number of children to be dealt with, it was obviously not possible to carry out a routine examination of every child in the prescribed age groups. At the beginning of the year it was decided to concentrate on the entrants, 8 and 10 year old groups, as our experience has proved that the majority of defects occur between 5 and 11 years. Towards the end of the year, an effort was made to carry out the medical examination of the children in the 14 year old group and this will be continued in the early part of 1955. It is hoped by the end of next year to be able to report that all the children in this group have been examined.

A report has been prepared on the advisability of dispensing with one of these age groups, and the committee asked to approve a slight alteration in the scheme of medical examinations whereby children will be examined three times during their school life instead of four. The suggested ages will be entrants, nine years, and fourteen years. It is hoped that the scheme will come into operation during the summer term, 1955.

A large number of parents still take the opportunity of being present at the medical examination of their children. As is to be expected this is most noticeable in the entrants group and the second age group. The

attendance of parents is encouraged, especially with the younger children, as their presence is invaluable when discussing the medical history and any physical defect which may be discovered. It is often possible to re-assure a parent that the defect is only trivial and that immediate treatment will put things right. It is to be regretted that all parents do not avail themselves of the opportunity to be present at the first examination, but in a county with industrial towns and villages, the mothers are often in employment and are either unable or disinclined to "take time off." It is not expected that many parents of the older children can be present as in some cases these children travel many miles to school and there are not the same transport facilities available for the parents.

The following are the percentages of parents attending examinations:—

	1954	1953
Entrants group ... ..	88%	88%
Eight year old group ... ..	85%	83%
Ten year old group ... ..	67%	50%
Leavers group ... ..	10%	17%

The children examined during the year fall into the following categories:—

Entrants-	-	-	Children admitted to school for the first time are examined as soon as possible after their admission.
Second age group	-	-	Children between the ages of 8 and 9 years.
Third age group	-	-	Children in their last year at a primary school.
Leavers -	-	-	Children who have reached 14 years of age.
Specials -	-	-	Any child referred by head teachers, school nurses, parents, and from other sources, who require examination for some apparent defect.

The total number of individual children examined was as follows:—

Entrants ... ..	6,671
Second age group ... ..	6,205
Third age group ... ..	4,214
Leavers ... ..	2,497
Specials ... ..	712
Re-inspections ... ..	1,429
Total ...	<u>21,728</u>

### III.—FINDINGS OF MEDICAL INSPECTIONS.

#### *Skin Diseases.*

93 cases of skin disease were referred for treatment and 57 for observation.

#### *Defective Vision and Squint.*

1,178 cases of defective vision, squint, and other conditions of the eyes, were referred to the school oculist. Included in this total was 1,010 cases of defective vision and 126 cases of squint. In addition, 335 cases were referred for observation.

#### *Ear Diseases and Defective Hearing.*

Under this heading 134 were referred for treatment, 96 with defective hearing, 21 with otitis media, and 17 other conditions. 102 other cases are being kept under observation.



*Nose and Throat Conditions.*

850 children were found to require treatment and 605 were referred for observation.

*Defective Speech.*

105 children were referred for treatment and 56 for observation.

*Cervical Glands.*

18 children were referred for treatment and 62 for observation.

*Heart and Circulation.*

13 cases were found to require treatment and 52 to be kept under observation.

*Lungs.*

79 children were referred to the county chest physician for investigation and treatment. A further 242 children were recorded for observation.

*Developmental.*

4 cases of hernia were discovered and referred for treatment and a further 45 to be kept under observation. 13 children were also found to require treatment for other developmental conditions and a further 65 for observation.

*Orthopædic Conditions.*

A total of 299 children were found to have orthopædic defects requiring treatment, and 219 to be observed. Included in the cases for treatment were 21 children with postural defects, and 219 with flat feet.

*Nervous System.*

A total of 93 children were referred under this heading, 45 for treatment and 48 for observation. Of the cases for treatment, 9 were diagnosed as epilepsy. A further 14 cases of epilepsy were referred for observation.

*Psychological.*

Of the 122 defects recorded under this heading, 37 were in the development category and 85 recorded under stability. 77 of these cases required treatment.

*Other diseases and defects.*

108 cases were reported as having other diseases requiring treatment or to be kept under observation.

#### IV.—INFECTIOUS DISEASES.

With the exception of the more common infectious diseases, the county has been comparatively free from any of the more serious conditions.

No case of diphtheria was reported and only 4 cases of poliomyelitis— all of the paralytic type. These were all referred to orthopædic clinics for treatment when the infectious period was over.

Measles, whooping cough, and scarlet fever, all showed a decrease on last year's figures and the number of notifications was 386, 428 and 299 respectively.

Several minor outbreaks of dysentery occurred and in all, 94 cases were reported. Although this disease is very distressing to the patients concerned, there was no real cause for alarm and the outbreaks were kept under control by the efforts of the local sanitary authorities.

Other infectious diseases reported were:— pneumonia 62, food poisoning 5, tuberculosis 31, meningococcal infection 3, and 1 case of

acute encephalitis. Of the 31 cases of tuberculosis, 10 were the respiratory type, 19 non-respiratory and 2 were cases of tuberculous meningitis.

It is very gratifying to report that this is the fifth year without a single case of diphtheria in the county. Last year attention was called to the fact that with the absence of this disease, parents were becoming apathetic towards immunisation. Every effort must still be made to impress on parents the value of this preventive measure and to convince them that the absence of this "killer" disease can only be assured if their children are protected by immunisation. Attention has been repeatedly called to the continued need for a high degree of immunisation against diphtheria.

#### V.—FOLLOWING-UP BY SCHOOL NURSES.

Most of the children found at routine medical examinations with a defect requiring treatment are referred to their own doctors or to the appropriate clinics, i.e., cases of defective vision and squint are referred immediately to the school oculist, and cases of ear, nose and throat conditions to the E.N.T. Specialist. In other cases the school nurses visit the homes and the schools of the children in an effort to ensure that adequate and proper medical attention is obtained. The nurses also visit the homes of children found to have dirty heads.

The nurses paid 3,369 visits to the children's homes, and 1,223 to the schools. Included in the home visits were 1,264 for the first time, 1,033 for the second time, and 1,072 special visits. The number of home visits has increased considerably this year, principally due to the increased establishment of school nurses.

All the nurses hold combined appointments and carry out the duties of health visitor, except one, who is employed as a full-time school nurse in the divisional executive area.

#### VI.—MEDICAL TREATMENT.

##### *Minor Ailments.*

The attendances at the minor ailment clinics during the year were as follows:—

<i>Clinic</i>	<i>Children Attendances</i>	
Leicester ... ..	160	160
Coalville ... ..	133	274
South Wigston ... ..	160	186
Loughborough ... ..	744	2,329
Total	1,197	2,949

All the clinics are held once each week with the exception of Loughborough, which is open every day.

The number of children attending the clinics again shows a decrease and, as was pointed out last year, this is due to the fact that more parents are taking advantage of the facilities afforded under the National Health Service, as well as a fall in the incidence of such conditions as impetigo.

##### *Ear Diseases and Defects.*

Various clinics are held in Leicester for children with defects of the ear. The E.N.T. Specialist attends the St. Martin's Clinic once each week for examinations only and cases requiring treatment are referred to the Richmond House Clinic or the local hospital. A clinic is also in operation for



the ascertainment of deafness in young children and cases requiring audiometer tests are referred to the London Road Clinic supervised by an audiometrician from Nottingham.

Ordinary ear defects of children living in the more rural parts of the county are usually dealt with by the local doctors or at the local hospitals, but any serious case of deafness is referred to the special clinic mentioned above. Where special hearing aids are recommended, cases are referred to the Leicester Royal Infirmary.

15 children with various degrees of deafness were treated at the special clinic and the number of attendances totalled 69.

#### *Defective Vision.*

The total number of children examined by the school oculist this year was 4,858 including a proportion of children under school age. Of this total 2,771 were found to require correction by glasses and the remainder were either wearing glasses which were considered satisfactory or were cases where glasses were not necessary.

The number of glasses provided through the National Health Service was 2,048. These are cases where it is actually known that the parents have collected the glasses from the opticians, but obviously there are many more not yet in possession of glasses either because the parents have delayed visiting the optician or because children refracted in the last few weeks of the year will not receive their glasses until the early part of the following year.

All the administrative arrangements for this service are carried out through the school medical department and regular refraction sessions are held in the various clinics as well as in some of the larger schools throughout the county.

All children prescribed glasses are automatically retested the following year and the majority of cases of squint are also frequently reviewed.

Co-operation with the regional hospital board and the hospital eye service is excellent and conditions are now far removed from the old days when parents had to provide the glasses themselves and children often had to suffer through parents' neglect. It is also noticeable that parents are becoming more and more conscious of the value of this section of the school health service as is evident by the number who soon remind the department that their child is due for retesting if they are a week or two overdue. The cost of repairs to spectacles is borne by the hospital eye service, in most cases, on application by parents to this department for the appropriate form.

#### *Orthoptic Treatment.*

Any case of squint requiring orthoptic treatment is referred by the school oculist to a private clinic in Leicester. The number of children attending during the year was 289 and the number of attendances was 3,279.

#### *Tonsils and Adenoids.*

In last year's report it was mentioned that a new system would be introduced with the object of reducing the large number of children awaiting examination by the specialist. This has proved so successful that the waiting list at the end of the year was the lowest since before the war and only 32 children were on the list for examination. Regular weekly sessions are held at the St. Martin's Clinic, Leicester, and 812 new patients were



examined. All children receiving operation at Bosworth Park and Markfield Hospitals are re-examined after discharge and 389 such cases were dealt with.

A further alteration affecting in-patients was necessary owing to the shortage of nursing staff. As a result the weekly session at the Bosworth Park Hospital was discontinued and an extra session arranged at the Markfield Hospital. Two regular weekly operating sessions are now held at Markfield Hospital and consequently the waiting list is being gradually reduced. It is significant that this department is no longer inundated with letters from parents asking when their child is likely to be seen by the specialist, or admitted to hospital for operation.

131 cases were on the waiting list for admission to this hospital and it is confidently hoped that this number will be further reduced before next year's report is published.

Children are also referred to other hospitals in the county including the Hinckley & District Hospital, Ashby-de-la-Zouch Hospital, the Memorial Hospital Melton Mowbray, Market Harborough District Hospital and the Hospital of St. Cross, Rugby.

The total number of children known to have been admitted for operative treatment during the year was 964 at the following hospitals:—

Markfield Hospital	...	...	...	440
Bosworth Park Hospital	...	...	...	255
Loughborough General Hospital	...	...	...	171
Hinckley & District Hospital	...	...	...	64
Melton Mowbray Memorial Hospital	...	...	...	24
Other Hospitals	...	...	...	7

#### *Orthopædic Treatment.*

The out-patient clinics at Hinckley and Coalville have continued during the year and details of the treatment carried out are as follows:—

##### (a) Hinckley Orthopædic Clinic.

The number of sessions held during the year was 94 and the number of attendances was 2,034.

Treatment at this clinic included:—

Radiant heat and electricity	...	...	...	446
Muscle re-education and exercises	...	...	...	1,570
Massage and manipulation	...	...	...	446
Dressings and fittings of appliances	...	...	...	86
Application of plasters	...	...	...	17

In addition to the above, 12 patients attended for observation only and 313 for examination by the orthopædic surgeon.

##### (b) Coalville Orthopædic Clinic.

The number of sessions held during the year was 95 and the number of attendances was 2,902.

Treatment at this clinic included:—

Radiant heat and electricity	...	...	...	525
Muscle re-education and exercises	...	...	...	2,342
Massage and manipulation	...	...	...	426
Dressings and fitting of appliances	...	...	...	62
Application of plasters	...	...	...	23

In addition to the above, 13 patients attended for observation only and

433 for examination by the orthopædic surgeon.

All in-patients from these two clinics are admitted to the Warwickshire Orthopædic Hospital for Children, Coleshill. The medical and nursing staff are common to both hospital and clinics, thus ensuring continuity of treatment. The number of children admitted during the year was 19.

(c) Loughborough Cripples' Guild.

Children from the Loughborough area can receive out-patient treatment at this clinic and in-patients are dealt with at the Harlow Wood Orthopædic Hospital.

(d) Hospital of St. Cross, Rugby.

This hospital has a complete orthopædic unit including in-patient and out-patient departments. Any child from the southern part of the county can be referred there either by the school medical officers or the local practitioners.

(e) Leicester City Orthopædic Clinic.

Children from the central areas of the county are referred to this clinic for out-patient treatment and to the Leicester General Hospital for in-patient treatment.

(f) Other Hospitals.

Other hospitals in the county undertake orthopædic treatment especially the Leicester Royal Infirmary, and the Memorial Hospital, Melton Mowbray.

## VII.—SCHOOL CLINICS.

Details of the type and number of sessions held in each of the five school clinics are as follows:—

<i>Clinic.</i>	<i>Type of Treatment.</i>	<i>No. of Sessions.</i>
8 St. Martins, Leicester	Ear, Nose and Throat	One per week
	Ophthalmic	Two per week or more if required
	Speech Therapy	Five per week
	General examinations	One per week and others as required
Bridge Road, Coalville	Orthopædic	Two per week
	Ophthalmic	One per week and others as required
	Minor Ailments	One per week
	Child Guidance	As required
	Speech Therapy	Four per week
	Postural drainage	One per week
	Infant Welfare	One per week
	Ante-Natal	One per week
	Dental	One per week and others as required
Asfordby Road, Melton Mowbray	Ophthalmic	One per week and others as required
	Child Guidance	As required
	Speech Therapy	Three per week
	Dental	One per week and others as required
	Infant Welfare	One per week



Countesthorpe Road, South Wigston	Minor Ailments	One per week and others as required
	Speech Therapy	Four per week
	Ophthalmic	As required
	Dental	One per week and others as required
Castle Street, Hinckley	Infant Welfare	One per week
	Ante-Natal	One per week
	Orthopædic	Two per week
	Ophthalmic	One per week and as required
Eridge Street, Loughborough	Speech Therapy	Four per week
	Child Guidance	As required
	Dental	As required
	Infant Welfare	Two per week
	Ante-Natal	Two per week
	Minor Ailments	Every morning
	Dental	Every day
	Child Guidance	As required
	Ophthalmic	One per week and as required
	Speech Therapy	Four per week
	General examinations	Two per week

### VIII.—DENTAL TREATMENT.

#### Report of the Principal School Dental Officer.

In presenting my first report as Principal School Dental Officer, I would first like to take the opportunity of wishing my predecessor, Mr. P. Ashton, many happy years of retirement.

Mr. Ashton inaugurated the present dental scheme in Leicestershire and over a long period of years, has witnessed it navigate the troubled waters of the second world war and the inception of the National Health Service with its inevitable encroachment on the personnel of the school dental service. That encroachment is still with us resulting in a totally inadequate staff to meet the dental needs of all the school children in the county.

With the retirement of Mr. Ashton, who was principal school dental officer for the first quarter of the year under review, and with no corresponding increase in staff, a new central area of treatment had, of necessity, to be formed, with the inevitable result that some schools previously regularly inspected and treated have had to be excluded from the scheme. This central area has been formed by an amalgamation of portions of two previously regularly treated areas, one of which is the area formerly treated by Mr. Ashton. The method of selecting which schools should form the new area was that the lowest ones should continue to be treated as this was obviously more economical from the point of view of the dental officer's time in moving from one school to another than in treating a large number of smaller schools. It is regretted, therefore, that some of the smaller schools previously treated can now no longer receive regular inspection and treatment.

The existing policy of yearly inspection and treatment is being maintained but with so small a staff, treatment cannot be offered to all age groups and routine treatment is therefore confined mainly to infant and junior



children. As the dental staff increases, treatment can then be extended to these children as they pass through the senior schools. The prospects of further recruitment seem, at the moment, to be exceedingly remote.

In order to improve the working conditions at the existing clinics, modern dental units have been installed. This is a sound investment and will greatly facilitate the work of the dental officers concerned.

The clinic previously situated at 8 St. Martins, Leicester, has been transferred to the school clinic, Countesthorpe Road, South Wigston, due mainly to the urgent need of the Leicester premises for office accommodation and due also to the fact that the dental clinic at South Wigston was unoccupied.

Saturday morning clinics are also held at Melton Mowbray and Coalville.

During the year Mrs. L. Knox was appointed as part-time dental officer for the Hinckley area and this clinic will be re-opened and installed with modern equipment. Mrs. Knox will take up her duties in January and treatment of children in the area will then be resumed after a lapse of several years. Treatment at Hinckley will include the administration of general anæsthetics and Dr. Sugden has been appointed as the anæsthetist.

The number of children inspected during the year was 16,762 of whom 16,354 belonged to the periodic age group, and 408 were specials.

The acceptance rate for treatment in the county was 72%.

The results of the year's work are appended elsewhere in tabulated form.

In conclusion, I would like to express my thanks to the dental staff for their hard work throughout the year and to the medical and nursing staffs and teachers for their constant co-operation and help.

W. G. CAMPBELL,

*Principal School Dental Officer.*

### IX.—MILK IN SCHOOLS.

Liquid milk is now supplied to all schools in the county and the following figures show the number of children in primary and secondary schools who were taking milk on a single day in October, 1954.

	Primary	Secondary
No. of children in attendance ...	34,100	16,133
No. of children taking milk ...	30,611	8,617
Percentage of children taking milk	89.77%	53.41%

All children are allowed one-third of a pint daily, with the exception of those in nursery schools who receive two-thirds of a pint.

The following are the details of the various types of milk supplied:—

Tuberculin tested	...	...	...	...	38
Pasteurised	...	...	...	...	263
Accredited	...	...	...	...	—
Undesignated	...	...	...	...	1

The undesignated supply was in a small rural school where no other grade of milk was obtainable. This was however, changed to a pasteurised supply in April, 1955. The safety of supplies is ensured by the analysis of frequent samples.

### X.—PROVISION OF SCHOOL MEALS.

During the twelve months ending March, 1954, the number of dinners served in the county was 4,266,595. The following table shows the present position in regard to the number of children taking dinners on a single representative day in October, 1954.

	Primary	Secondary	Total
Total number of children on the roll in all primary and secondary schools on the day selected ...	36,089	17,931	54,020
Total number of children on the roll in primary and secondary schools with facilities for meals	34,172	17,931	52,103
Total number of children present in primary and secondary schools where meals are available ... ..	32,245	16,133	48,378
Total number of children taking meals on the day selected ...	12,672	10,654	23,326
Percentage taking meals ... ..	39.29%	66.04%	48.21%

### XI.—REPORT OF ORGANISERS OF PHYSICAL EDUCATION.

#### *Secondary Schools.*

Progress in physical activity, both in quality and quantity has been maintained in secondary schools. More fully qualified teachers have been appointed, and a part-time Assistant Physical Education Advisory Officer has been appointed to help in the special sphere of outdoor activities.

The various games and athletics and also swimming have been well organised, and leagues, area meetings and county meetings have been conducted with great success.

Probably the biggest step forward is the impetus given to outdoor activities by the work of the part-time assistant. Many schools have been doing preparatory work ready for embarking upon camping for the first time next season. Nine schools have started canoe construction, and some of them intend putting their canoes into a fleet so that many canoes will be available at a given time for each school.

Permission has now been granted, with the full support of headmasters, for a twice yearly half-day conference-course of all the men secondary school physical education teachers of the county to be held in a different centre each time. The first meeting is planned for early in the spring term of next year.

With the increase in the number of new schools, facilities for showers after vigorous activity are now more widespread. While these hygienic benefits are denied to some schools, the children are, nevertheless, encouraged to bring towels for a dry rub down to remove surface perspiration. In this connection it is pleasing to note that more children have been made aware of the desirability of a change of clothing and are providing their own shorts and vests specially for use in physical activity sessions.

Owing to the increasing number in attendance in secondary schools, many classes are not receiving their normal quota of physical education periods when the weather is inclement. It is becoming increasingly evident that one gymnasium in a school of more than 550 children is inadequate in this climate of ours.



More remedial work has been attempted by the trained gymnasts of the grammar schools and medical inspections have been specially sought after by certain schools where special exercises could be arranged. Where floors are suitable, barefoot work is becoming a regular feature. In these schools a regular foot inspection has been instituted and a considerable improvement both in foot hygiene and the correct use of the feet has resulted.

Before turning to primary schools it is interesting to note that almost all schools, primary and secondary, are now including a weekly period of dancing in the physical education scheme. Some of the schools include Morris and sword dancing, in addition to folk, national and modern educational dance, to encourage the boys to participate, but this is mostly done out of school hours.

Twenty-seven teachers attended a four-day residential course in dance held at Loughborough College during the Easter vacation. Sessional courses in national and modern education dance have been held during the year.

#### *Primary Schools.*

The education of the teachers in the interpretation of the Ministry of Education's publications "Moving and Growing" and "Planning the Programme," has proceeded apace, and courses have been held in eight different centres in the county. Nearly four hundred teachers have taken advantage of these courses, and the work in the schools is beginning to reflect the advice given.

More schools have purchased climbing apparatus, and results are already being indicated in the children's carriage, agility and alertness.

Indoor facilities in junior and infant schools are sadly lacking and tend to turn physical education into a summer-time activity only. In these schools stiffness, lack of confidence in movement, and lack of technique in various skills, are very evident owing to the irregular attention given to the subject. Where indoor accommodation is available, particularly in infant schools, suitable climbing apparatus has been put into use throughout the year with obvious benefit to the children.

Improvement in facilities for physical education in primary schools is urgently needed to match the increasing enlightenment and enthusiasm of the teachers for physical education.

## **XII.—HANDICAPPED CHILDREN.**

The opening of Maplewell Hall Special School for educationally sub-normal senior boys has considerably relieved the position of this type of handicapped child but the case of senior girls still requires attention. Some thought will also have to be given to the physically handicapped child who has fallen behind in his education through being in hospital, etc. He usually requires a period of intensive education which cannot be given in an ordinary school and the two special schools are neither staffed nor equipped to assist him with his physical handicap.

Bosworth Park Special Hospital School for cases of cerebral palsy has consolidated its position during the year and only one child was known at the end of the year who was suffering from cerebal palsy and who was not receiving suitable education.



The number of handicapped children on the register on 31st December was:—

	Number on Register	Number in Special Schools
Educationally sub-normal ...	148	81
Maladjusted ... ..	7	4
Epileptic ... ..	14	5
Blind ... ..	9	9
Partially Blind ... ..	19	19
Deaf ... ..	31	28
Partially deaf ... ..	15	15
Physically handicapped ...	136	8
Delicate ... ..	4	4

(5 children are receiving home tuition).

31 cases were reported to the Health Committee, 29 under Section 57(3) and 2 under Section 57(5) of the Education Act, 1944.

### XIII.—EDUCATIONALLY SUBNORMAL CHILDREN.

Close supervision of the health of the children resident at Craven Lodge School was maintained throughout the year.

Many children have now been resident for three years and the School policy of aiming at an exceptionally high standard of nutrition is showing significant results in growth and physical development. From this study of physical development it has been possible to define a group of children who exhibit a marked loss in weight and deterioration of general condition on returning to school at the close of the holidays. The experiment of providing these children with a specially enriched diet has been commenced.

There emerges also a group of children whose progress appears to be limited by physical handicaps. This group consists of children with defects of posture and movement who are unlikely to improve unless some form of remedial physical education or similar activity can be provided. Observing this group over the past three years suggests that it may well include one fifth to one quarter of all educationally sub-normal children for whom a residential junior school is regarded as educationally requisite.

Not all educationally sub-normal children with physical handicaps are admissible to Craven Lodge in its present state of organisation and staffing. Those mild spastics and epileptics who are numbered amongst its present pupils impose a burden on the staff which is only justified by the educational and social progress which they achieve. Their disposal on attaining age of transfer to a senior school presents problems which have yet to be solved.

The position with regard to defective speech is only slightly better. It is to be expected that one quarter of Craven Lodge pupils will possess speech defects of a degree serious enough to warrant expert therapy. A speech therapist attends one half day weekly but can treat only the more severe cases.

Remedial dental treatment is equally difficult to arrange and here too, a high proportion of the pupils require such attention.

Within the limits imposed by these handicaps very satisfactory results have appeared in the year. Several examples of exceptional rehabilitation have been seen, general health remained satisfactory and no epidemic of infectious disease was allowed to develop, though this latter danger would

be less of a problem if the intake of new children were to be spread over the year instead of concentrated at the commencement of one term.

R. W. KIND,

*School Medical Officer.*

#### XIV.—SPEECH THERAPY.

In September of this year the strength of the speech therapy department was increased by the appointment of another full-time speech therapist, whilst Mrs. T. D. F. Randall resigned. Mrs. Randall first joined the department in 1949.

Towards the end of the year new clinics were opened at Lutterworth and Ashby. Speech therapy treatment started with the children at the Special School, Craven Lodge, and extra sessions are now being worked at Melton Mowbray, Coalville, and the Bosworth Park Cerebral Palsy School.

The county is not yet being covered in an adequate fashion by the service, and waiting lists still occur as a result of not being able to take in patients as quickly as is desirable.

The problem of the child who finds it impossible to reach the clinic owing to lack of transport services is still with us. Fortunately it has been possible this year to visit some of those children at home and at school, and advise both mother and teacher of the best way of handling them in the absence of clinic treatment.

Speech therapy at Bosworth Park Cerebral Unit has continued with two sessions per week throughout the year. Progress with these children is slow. In the absence of marked mental retardation, the indication for speech therapy with these children presupposes to a greater or lesser degree a measure of inco-ordination of the speech and respiratory musculature. Control here is the first essential. Results have been satisfactory, and a further extension of the work in this direction may prove desirable in the very near future.

In the statistics quoted below dyslalia (retarded speech development) and stammering together constitute the greater number of cases treated.

Clinic	Sessions	Children	Attendances	Discharges
Leicester ... ..	361	140	1,442	57
Loughborough ... ..	178	65	741	35
Hinckley ... ..	175	63	679	26
Ashby ... ..	22	23	96	6
Lutterworth ... ..	9	15	70	3
Melton Mowbray ... ..	86	72	388	13
South Wigston ... ..	138	59	536	31
Coalville ... ..	120	79	866	28
Market Harborough ... ..	88	23	394	16

The statistics relating to the children in the special unit at Bosworth Park Hospital are included with the figures for the Leicester Clinic.

K. McAULAY LANG,

P. D. FINNIGAN,

S. M. BRYAN,

*Speech Therapists.*



### XV.—MASS X-RAY EXAMINATIONS.

The year under review shows a considerable increase in the number of children of 13 years of age and over who attended the Mass Radiography Unit.

Transport is provided where necessary and most of the children from the senior schools have had the opportunity to be X-rayed. The response is very encouraging and only a few children failed to attend, mostly on account of illness. Teachers are invited to attend with the pupils but records of their examinations are not included in the statistics.

Last year the number of children dealt with was 5,655 and this year the total number is 7,284.

The following details are of interest:—

	Boys	Girls
No. of children attending ... ..	3,873	3,411
No. of large films ... ..	244	231
Clinical examinations ... ..	44	47
Tuberculosis—active ... ..	—	1
Tuberculosis—inactive ... ..	3	—
Bronchiectasis ... ..	1	5
Cardiac ... ..	3	—
Under observation ... ..	2	3

### XVI.—CHILD GUIDANCE SERVICE.

The following is the report of the Children's Psychiatrist on the work of the Child Guidance Service during the year:—

It gives me much pleasure to report on the work of the Leicestershire Child Guidance Clinic during the year 1954.

As shown in the appended statistics, 178 new cases were seen by the children's psychiatrist, 14 old cases were re-opened and the total of case attendances during the year was 654. There has been, compared with last year, a remarkable increase of 44 new cases, 5 re-referrals and 148 case attendances. These figures show that the service is appreciated by the many parents, teachers, family doctors, medical specialists, magistrates and child welfare officers who refer children for advice and treatment to one of the clinic centres in the county. The increase in the number of case attendances is an indication of the extent of the therapeutic work carried out. Most cases are seen at Belvoir House in Leicester where we share premises with the city child guidance unit and the school psychological service. The central position of the town makes it easy for many parents from the county to bring their children for treatment to the excellently equipped play-room, but we are, nevertheless, all looking forward to the day when an easing of the financial situation will make it possible to open our own building which will allow us to cope even more adequately with our children and will allow for further expansion. The five branch clinics have remained established in the county for the purpose of diagnosis and therapy. This relieves many parents of a lengthy journey and makes it unnecessary for the children to miss an undue amount of schooling. These are two important considerations in any child guidance service, because each child has to spend quite a considerable number of sessions at a clinic, and it is difficult to maintain the wholehearted co-operation of the parents if they lose too much of their working time by accompanying their child, and the teachers particularly in junior and grammar schools, become



naturally anxious if too frequent absences for therapy cause a child to fall behind with his school work. It is therefore important to note that 410 of the year's 654 case attendances were outside the county borough. Loughborough was leading with 120, closely followed by Hinckley with 117 and Coalville with 113 attendances. Melton Mowbray, and particularly Market Harborough, were much less busy last year, but on the other hand the children's psychiatrist went in selected cases to meet parents and children even in clinics at Ashby and Oakham, or visited them at home when the urgency of the case required it.

The problems we see are numerous and many children who are referred are very unhappy and disturbed, but fortunately the majority require only some minor readjustment and a short period of treatment. Behaviour problems, such as truancy, pilfering, lying can often be successfully tackled at the clinic before the child becomes involved with the law, but even when the child is appearing before the juvenile court, we can persuade, in suitable cases, the magistrates to let us try our specific approach to the problem. Many parents bring their children for what might appear to the uninitiated a small matter, but is in fact often a source of considerable strain to the family, as e.g. sleeping disturbances, feeding difficulties, faulty toilet habits, etc. Medical practitioners consult us for a variety of maladies which originate from faulty adjustment or emotional disturbance. Anxiety and other problems of the mind may manifest themselves in children in a very remarkable variety of bodily symptoms and it is one of the more important purposes of this clinic to help the family doctors with the assessment of such psychological factors and their treatment.

Therapy at a child guidance clinic is based on a team approach to the patient's difficulties by three experts in their respective fields. The psychiatrist, a medically qualified specialist, assesses the child's emotional state, the educational psychologist, an expert in teaching methods, education and the behaviour problems of school children, examines the patient's abilities, and the psychiatric social worker, who holds a diploma in social science and has had special training in the problems of mental health, explores the child's adjustment to his family and his wider environment. These three people pool their findings at a case conference and agree on the best way of helping the child and his parents. While frequently readjustments have to be made in the home with the help of the psychiatric social worker, or the psychologist has to advise the school on handling or remedial teaching, the psychiatrist remains responsible for treating the child at the clinic. Many cases call for individual attention by playtherapy for younger, and psychotherapy for older children, but we have also made during the last year increasing use of the possibilities opened up by group therapy and arranged play group sessions in most clinics. When several children are playing together they can often be observed in a more natural atmosphere than is possible by individual observation, and in a therapeutic group they will express themselves and release their pent-up emotional tensions by the normal interaction of group behaviour much more readily than would be possible in an individual session with the adult therapist. They absorb by this method unwittingly favourable traits from other children which they may be missing themselves, and discard many malicious or undesirable habits and behaviour reactions, which they have been hitherto unable to throw off and externalize.

In conclusion I wish to thank my non-medical colleagues at the clinic



without whose efforts all my work would be in vain—Mr. John Bradley, who continued his valuable services as educational psychologist, and Miss Joan Hatfield, who has now returned to the clinic with a diploma in mental health to continue her services as psychiatric social worker. Mrs. Margaret Ackers, who had done excellent work till Miss Hatfield returned, had unfortunately to leave us because of limitations in the establishment.

The following are the statistics relating to the year's work:—

Clinics	No. of sessions	No. of new cases	No. of cases re-referred	No. of attendances
Loughborough ... ..	37	21	—	120
Melton Mowbray ... ..	18	10	1	43
Hinckley ... ..	30	20	3	117
Market Harborough ... ..	2	1	—	4
Coalville ... ..	20	19	1	113
Leicester ... ..	86	70	4	200
Other clinics and domiciliary visits ...	8	9	1	13

The total number of children seen in 1954 was 203, which includes 43 cases carried forward from 1953.

6 children were referred for E.E.G. examinations.

In addition to these figures, 28 new county cases were seen at the Leicester Royal Infirmary and 4 old cases were referred again. These children made 44 attendances.

The new cases referred during the year are classified thus:—

Age	Boys	Girls
0-5 years ... ..	7	3
5-8 years ... ..	34	15
8-11 years ... ..	30	19
11-15 years ... ..	41	24
Over 15 years ... ..	8	11

A. K. GRAF,

*Children's Psychiatrist.*

## XVII.—LOUGHBOROUGH DIVISIONAL EXECUTIVE.

### Annual Report of the Divisional School Medical Officer, 1954.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my tenth annual report as divisional school medical officer.

As will be seen by the figures given in the report and the accompanying tables the volume of work has been well maintained. All the children in the appropriate age groups have been medically inspected, and the dental inspection, and treatment when necessary, of all children in the primary and secondary modern schools has been carried out.

During the year a start has been made in B.C.G. vaccination of school leavers, and the figures relating to this are given in the report. The number of acceptances was not as high as could be wished but in view of the procedure being new to parents this is perhaps understandable. It is to be hoped that in future years a larger number will avail themselves of this very important measure for the protection of children against tuberculosis.

I wish to thank the members of the committee for their support during the year. My thanks are also due to the divisional education officer, to the head teachers for their willing co-operation and help, and to the members



of the school medical staff.

I am, your obedient servant,

R. CAUTLEY HOLDERNESS.

### THE STAFF OF THE SCHOOL MEDICAL DEPARTMENT.

Divisional School Medical Officer (Also Medical Officer of Health for Loughborough):

R. Cautley Holderness, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Dental Surgeons (Part-time):

R. Latimer, L.D.S.

D. M. Lawson, L.D.S.

Speech Therapist:

Mr. P. D. Finnigan, L.C.S.T.

General Statistics:

Estimated Population—35,360.

	Number of Schools	Number on Rolls
Primary ... ..	16	3,682
Secondary Modern ... ..	2	1,268
Secondary Grammar & Technical	1	594
		<hr/> 5,544 <hr/>

#### *Medical Inspection.*

The number of children examined at the periodic medical inspection in the primary and secondary schools totalled 2,550. In addition 714 were re-examined in connection with defects found at previous inspections. Among 538 children thus examined or re-examined 228 cases of defective vision and 380 other conditions requiring treatment were discovered. A number more were recorded as requiring to be kept under observation.

#### *Uncleanliness.*

The number of children found to be verminous at the cleanliness inspections was 83. This represents 1.5% of the children examined. While the existence of even small numbers of verminous children can hardly be described as satisfactory, the position is very much better than it was only a few years ago, and Loughborough's statistics have always compared favourably with those of other areas. As always with this condition the same children are found verminous with depressing regularity.

A total of 15,779 inspections for cleanliness were made during the year. No formal cleansing notices were issued.

#### *Diseases of the Ear, Nose and Throat.*

72 children were referred for operative treatment for tonsils and adenoids during the year. 144 cases were treated (including some from previous year). 1 case received operative treatment for a chronic ear condition.

#### *Defective Vision and Squint.*

437 children were examined at the School Clinic for defective vision during the year and spectacles were prescribed in 296 cases. In 109 cases glasses were not prescribed and in 32 the present glasses were satisfactory. This work is now carried out by Dr. C. Walters as part of the hospital eye

service and the arrangements are very satisfactory.

#### *General Condition.*

Under this heading, children examined at the periodic medical inspections are classified as falling into one of three groups, Good, Fair or Poor. The middle category "Fair" may be taken to represent the average child. "Good" represents those children whose condition stands out as better than "Fair" while the "Poor" category denotes those whose condition is below what is a reasonable standard of fitness. The classification to one category or the other is made by the medical examiner after an appraisal based on all those features indicative of a child's state of well being or otherwise.

The figures were: —

	1953	1954
Good ... ..	42.1 %	46.1 %
Fair (Average) ... ..	55.6 %	52.0 %
Poor (Below average) ...	2.3 %	1.9 %

The general trend during the past few years has been for a reduction of the numbers in the "Poor" category.

#### *Minor Ailments.*

During the year 744 children made 2,329 attendances at the Minor Ailment Clinic.

#### *School Clinic.*

In addition to its use as venue for treating minor ailments to which reference was made in the report for 1949, the school clinic has an important function as an advisory and diagnostic centre for parents on all matters connected with the health of their children. Cases found at periodic school inspections may be invited to attend for a more detailed examination than can be given in the limited time available at school medical inspections; a parent who is not present at the school may be interviewed to obtain a more detailed medical history of the child, and to be given personal advice regarding further treatment or outside specialist investigation, if such should prove to be necessary.

#### *Dental Inspection and Treatment.*

The number of children inspected during the year was 4,873 and of these 2,293 were found to require, and were referred for treatment. 2,146 children were treated and made 2,529 attendances. The percentage of consents was 62.0 and of those attending a private dentist 25.9, leaving 12.1 who either refused treatment or failed to reply. A number of children have been provided with dental plates to correct deformities of the teeth. In connection with this 56 impressions were taken and 38 regulation plates supplied. 13 children were provided with partial dentures to replace permanent incisor teeth lost, usually through an accident.

#### *Supply of Milk and Dinners.*

A count of the number of children taking milk and dinners in October gave the following figures:—

No. of children on registers ... ..	5,519
No. of children taking milk ... ..	4,297
No. of children taking dinners ... ..	1,600
96 of the children taking dinners have it free.	



Samples of milk supplied to the schools (all of which is pasteurised), were regularly examined and found to be satisfactory.

### *Handicapped Pupils.*

These are children who, on account of their particular disability, require special facilities, either educational or otherwise, which in most cases cannot be provided in the ordinary school.

During 1954 recommendations were made in respect of certain children as follows:—

School for partially deaf ... ..	1 child.
School for physically handicapped ...	2 children.
Schools for delicate children ... ..	2 children.
Residential school for the educationally sub-normal ... ..	3 children.
Treatment as educationally sub-normal in special class at ordinary school ...	1 child.
Special school for the maladjusted ...	1 child.

3 children examined on account of backwardness were found to be incapable of education within the school system and were reported to the Local Health Authority.

### *B.C.G. Vaccination.*

Tuberculin testing and B.C.G. Vaccination were offered to 409 children between the ages of 13 and 14 years and 234 accepted. Of these 126 were found to require B.C.G. Vaccination and this was carried out. There were no untoward reactions and the vaccination was successful in every case.

### *Speech Therapy.*

No. of sessions ... ..	178
No. of children attending ... ..	65
No. of attendances ... ..	741
No. of children discharged ... ..	35
No. on waiting list ... ..	15

Mr. Finnigan, the speech therapist, reports as follows:—

In the last year the scope of the clinic has been considerably widened. Two third-year students from the Leicester School of Speech Therapy have been working under supervision throughout the year, thus allowing a greater number of admissions. Home visits have also been possible; and these have proved valuable in supplying a fuller background to the histories of those cases where environmental problems have been adversely affecting the patient.

**XVII.—STATISTICS FOR THE WHOLE COUNTY.**

Year ended 31st December, 1954.

**TABLE I.****Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).****A.—Periodic Medical Inspections.**

Age groups inspected and number of children examined in each.

Entrants	...	...	...	...	...	...	6,671
Second age Group	...	...	...	...	...	...	4,214
Third age Group	...	...	...	...	...	...	2,497
							<hr/>
Total							13,382
Additional periodic inspections	...	...	...	...	...	...	6,205
							<hr/>
Grand Total							19,587
							<hr/>

**B.—Other Inspections.**

Number of Special Inspections	...	...	...	...	...	712
Number of Re-inspections	...	...	...	...	...	1,429
						<hr/>
Total						2,141
						<hr/>

**C.—Pupils found to require Treatment.**

Age Groups Inspected (1)	For defective Vision (Excl. Squint). (2)	For any other conditions recorded in Table IIa. (3)	Total Individual pupils. (4)
Entrants ...	113	750	795
Second Age Group ...	273	230	467
Third Age Group ...	136	92	217
Total ...	522	1,072	1,479
Additional periodic inspections ...	391	436	778
Grand Total ...	913	1,508	2,257



TABLE II.

**A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1954.**

De- fect Code	Defect or Disease  (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment  (2)	Requiring to be kept under obser- vation but not requiring treatment  (3)	Requiring treatment  (4)	Requiring to be kept under obser- vation but not requiring treatment  (5)
4.	Skin .. .. .	26	57	67	—
5.	Eyes—a. Vision ..	913	236	97	2
	b. Squint ..	125	63	1	—
	c. Other ..	21	33	21	1
6.	Ears—a. Hearing ..	72	62	24	6
	b. Otitis Media	12	21	9	2
	c. Other ..	10	11	7	—
7.	Nose or Throat ..	697	588	153	17
8.	Speech .. .. .	82	53	23	3
9.	Cervical Glands ..	14	59	4	3
10.	Heart and Circulation	12	52	1	—
11.	Lungs .. .. .	74	240	5	2
12.	Developmental—				
	a. Hernia ..	4	45	—	—
	b. Other ..	13	65	—	—
13.	Orthopaedic—				
	a. Posture ..	19	50	2	—
	b. Flat Foot ..	196	74	23	3
	c. Other ..	39	85	20	7
14.	Nervous system—				
	a. Epilepsy ..	5	14	4	1
	b. Other ..	18	30	18	3
15.	Psychological—				
	a. Development ..	12	25	—	—
	b. Stability ..	12	13	53	7
16.	Other .. .. .	31	25	49	3

**B.—Classification of the General Condition of Pupils inspected during the year in the Age Groups.**

Age Groups Inspected	Number Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. .. .	6,671	2,629	39.41	3,919	58.75	123	1.84
Second Age Group ..	3,942	1,796	45.56	2,082	52.82	64	1.62
Third Age Group ..	2,497	1,169	46.82	1,303	52.18	25	1.00
Additional Periodic Inspections .. .. .	6,205	2,523	40.66	3,589	57.84	93	1.50
Total .. .. .	19,315	8,117	42.02	10,893	56.40	305	1.58

**TABLE III.**

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	127,369
(ii)	Total number of <i>individual</i> pupils found to be infested	1,973
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

**TABLE IV.**

**Group 1.—Diseases of the Skin (excluding uncleanness, for which see Table III).**

	Number of cases treated or under treatment during the year
Ringworm—	
(i) Scalp	7
(ii) Body	—
Scabies	3
Impetigo	58
Other skin diseases	125
Total	193

**Group 2.—Eye Diseases, Defective Vision and Squint.**

	Number of cases dealt with
External and other, excluding errors of refraction and squint	42
Errors of refraction (including squint)	4,816
Total	4,858
Number of pupils for whom spectacles were	
(a) Prescribed	2,771
(b) Obtained	2,048

**Group 3.—Diseases and Defects of Ear, Nose and Throat.**

Received operative treatment

	No. of cases treated
(a) for diseases of the ear	2
(b) for adenoids and chronic tonsillitis	899
(c) for other nose and throat conditions	63
Total	964

**Group 4.—Orthopædic and Postural Defects.**

	No. of cases treated
(a) Number treated as in-patients in hospitals	19
(b) Number treated otherwise, e.g., in clinics or out-patients departments	543



**Group 5.—Child Guidance Treatment.**

	No. of cases treated in the Authority's Child Guidance Clinic
Number of pupils treated at Child Guidance Clinics ... ..	203

**Group 6.—Speech Therapy.**

	Number of cases treated by the Authority
Number of pupils treated by Speech Therapists ... ..	451

**Group 7.—Other Treatment Given.**

	Number of cases treated by the Authority
(a) Miscellaneous minor ailments ... ..	1,054
(b) Other than (a) above (specify)	
Minor Eyes ... ..	128
Minor Ears ... ..	68
	<hr/>
Total	1,250

**TABLE V.****Dental Inspection and Treatment carried out by the Authority.**

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) At Periodic Inspections ... ..	24,201
(b) As Specials ... ..	1,287
	Total (1) 25,488
(2) Number found to require treatment ... ..	11,214
(3) Number offered treatment ... ..	11,214
(4) Number actually treated ... ..	8,635
(5) Attendances made by pupils for treatment ... ..	11,234
	<hr/>
(6) Half days devoted to:—	
Inspection ... ..	302
Treatment ... ..	1,713
	<hr/>
	Total (6) 2,015
(7) Fillings:—	
Permanent Teeth ... ..	9,073
Temporary Teeth ... ..	81
	<hr/>
	Total (7) 9,154
(8) Number of Teeth filled:—	
Permanent Teeth ... ..	6,663
Temporary Teeth ... ..	81
	<hr/>
	Total (8) 6,744

(9) Extractions:—						
Permanent Teeth	...	...	...	...	...	794
Temporary Teeth	...	...	...	...	...	7,331
Total (9)						8,125
(10) Administration of general anæsthetics ...						
						—
(11) Other operations:—						
Permanent Teeth	...	...	...	...	...	788
Temporary Teeth	...	...	...	...	...	1,171
Total (11)						1,959





